

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO.		FILING DATE	
								APPLICANT(S)			
CLAIMS								*			
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			IND.		DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.		
1								51			
2								52			
3								53			
4								54			
5								55			
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43								93			
44								94			
45								95			
46								96			
47								97			
48								98			
49								99			
50								100			
TOTAL IND.								TOTAL IND.			
TOTAL DEP.								TOTAL DEP.			
TOTAL CLAIMS								TOTAL CLAIMS			